

بسم الله الرحمن الرحيم

In the Name of God, the Compassionate, the Merciful:

Institute: Ihyah Fiqh Al Wahi

Student Form

Name:Date of Birth:/...../.....
Nationality:Location:.....
E-mail:Academic Qualifications:
Languages Spoken: Marital status:
Occupation:Passport Number:
AddressMobile Number:
Date In Which The Form Was Filled:/...../.....
School Year In Which You Wish To Register:

• Attachments Of The Following Forms:

- 1 / Copy of Passport
- 2 / Copy of Birth Certificate
- 3 / Copy of previous Academic Certificate